

FSA-669A

(08-28-96)

U. S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

NOMINATION FORM FOR COUNTY AND COMMUNITY FSA COMMITTEE ELECTION

The County and Community FSA Committee election will be held this year on the date shown in item 8 on the back of this form. Ballots will be mailed to voters approximately 10 calendar days before the election.

This form allows you to nominate yourself or any other person as a candidate. If you need additional forms, you may copy this one or you may obtain more copies at the County FSA Office. Each form submitted must be:

- A. Limited to one nominee.
- B. Signed by the nominee in item 3. You must sign if you nominate yourself.
- C. Delivered to the County FSA Office or postmarked no later than the date shown in item 4 on the back of this form.

The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person who files this form and is found ineligible will be so notified and have an opportunity to file an appeal in accordance with 7 CFR Part 710.

Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County or Community FSA committee member if the producer resides in the Local Administrative Area (LAA) in which the election is to be held and is eligible to vote.

Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, commodity, and political organizations if such positions pose a conflict of interest with FSA duties. These positions include functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office.

The duties of County FSA Committee members include:

- A. Administering farm program activities conducted by the County FSA Office.
- B. Informing farmers of the purpose and provisions of the FSA programs.
- C. Keeping the State FSA Committee informed of LAA conditions.
- D. Recommending needed changes in farm programs.
- E. Participating in county meetings as necessary.
- F. Performing other duties as assigned by the State FSA Committee.

INSTRUCTIONS FOR COMPLETING THIS FORM

Complete the form as follows:

ITEM 1 Enter the nominee's name as it is to be shown on the ballot. The nominee must be:

- A. Eligible to vote in the designated County FSA Committee election.
- B. Eligible to hold the office of County FSA Committee member.
- C. Willing to serve if elected.

ITEM 2 Enter the nominee's current address.

ITEM 3 The nominee must sign and date. The nominee also must enter a checkmark in one of the boxes provided to indicate a preference regarding the settling of tied votes.

ITEM 9 If the form is prepared by someone other than the nominee, the preparer must sign and date.

ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE POSTMARKED
BY THE DATE SHOWN IN ITEM 4.

FSA-669A (08-28-96)		U.S. Department of Agriculture Farm Service Agency		TO BE COMPLETED BY COUNTY OFFICE	
NOMINATION FORM FOR COUNTY AND COMMUNITY FSA COMMITTEE ELECTION				4. MAIL OR DELIVER FORM TO COUNTY OFFICE BY:	
1. NAME OF NOMINEE <i>(Type or print Nominee's Name as it will show on ballot.)</i>				5. DATE FORM RECEIVED IN COUNTY OFFICE	
2. ADDRESS OF NOMINEE				6A. COUNTY	
				6B. LAA NO.	
3. NOMINEE'S CERTIFICATION: <i>I hereby agree that I will serve if elected, and if there is a conflict of interest, I will resign such position(s).</i> I <input type="checkbox"/> do <input type="checkbox"/> do not want to witness the settling of tie votes with another nominee.				7. STATE	
				8. DATE OF ELECTION	
				9. PREPARER'S STATEMENT: <i>I hereby nominate the person in item 1 to be a candidate in the next County and Community FSA Committee election for the LAA.</i> (NOTE: Nominee must sign and date in item 3.)	
SIGNATURE OF NOMINEE		DATE		SIGNATURE OF PREPARER	
				DATE	